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The Editorial Board will be glad to receive and consider for publication letters containing information of general interest to physicians throughout the State or presenting constructive criticisms on controversial issues of the day. Also News and Notes items regarding the affairs and activities of hospitals, individuals, communities and local medical societies and groups throughout the State.

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401 - 29th St., Oakland

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Jay O. Gibson.....Secretary
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FRESNO County Medical Society, 2155 Amador, Fresno. Meets Second Tuesday, 6:30 p.m., Sunnyside Country Club.
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IMPERIAL County Medical Society. Meets Second Tuesday, 8 p.m., Pioneer Memorial Hospital, Brawley.
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116 N. Plaza, Brawley
Ernest Brock.....Secretary
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INYO-MONO County Medical Society. Meets Fourth Tuesday except December, January, February.
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Donald L. Christenson.....Secretary
124 N. Main St., Lone Pine

KERN County Medical Society, 2603 G Street, Bakersfield. Meets Third Tuesday, 7:30 p.m., Saddle and Sirloin, except June, July, August.
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431 Main St., Lamont
Hans F. Einstein.....Secretary
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711 D St., San Rafael

MENDOCINO-LAKE County Medical Society.
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585 S. Dara, Ukiah
William M. Vest.....Secretary
373 Hillcrest Ave., Ukiah

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A. R. Udall.....President
650 W. 20th St., Merced
Zdenek Fluss.....Secretary
2434 M St., Merced

MONTEREY County Medical Society, P. O. Box 308, Salinas. Meets First Thursday.
James R. Fassett.....President
Drawer 80, Gonzales
Osman Hull.....Secretary
1281 Castro Rd., Monterey

NAPA County Medical Society. Meets Second Wednesday, 980 Trancas Street, Napa
E. Kash Rose.....President
1000 Trancas St., Napa
Erwin Walla.....Secretary
1775 Lincoln Ave., Napa

ORANGE County Medical Association, 1226 N. Broadway, Santa Ana. Meets First Tuesday, 7:00 p.m.
T. E. Hanigan.....President
1720 N. Broadway, Santa Ana
W. W. Lowe.....Secretary
1321 N. Spadra Rd., Fullerton

PLACER-NEVADA County Medical Society. Meets Second Wednesday.
Nicholas Bailey.....President
Loomis, Calif.
Arthur Weaver.....Secretary
701 High St., Auburn

RIVERSIDE County Medical Association, 4175 Brockton Ave., Riverside. Meets Second Monday, 8:00 p.m., El Loro Room, Mission Inn.
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4175 Brockton Ave., Riverside
Helen Clark.....Secretary
4175 Brockton Ave., Riverside

SACRAMENTO Society for Medical Improvement, 5380 Elvas Ave., Sacramento 19. Meets Third Tuesday, 8:30 p.m., Sutter Hospital Auditorium.
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4101 J St., Sacramento
James O. Dowrie.....Secretary
1833 Professional Dr., Sacramento

SAN BENITO County Medical Society. Meets First Thursday, Hazel Hawkins Memorial Hospital, Hollister.
Peter E. Jones.....President
471 4th St., Hollister
Robert D. Quinn.....Secretary
555 Monterey, Hollister

SAN BERNARDINO County Medical Society, 1875 N. D St., San Bernardino. Meets First Tuesday, 8:00 p.m., San Bernardino County Charity Hospital.
Charles P. Sprague.....President
1400 D St., San Bernardino
George W. Smith.....Secretary
1574 Waterman Ave., San Bernardino

SAN DIEGO County Medical Society, 3427 - 4th Ave., San Diego 3. Meets Second Tuesday, San Diego Club, 1250 Sixth Ave., San Diego 10.
Frank H. Robinson.....President
McCauley-Robinson Clinic, Chula Vista
Robert L. Hippen.....Secretary
3255 - 4th Ave., San Diego

SAN FRANCISCO Medical Society, 250 Masonic Ave., San Francisco 18. Meets Second Tuesday, 8:15 p.m., 250 Masonic Ave., San Francisco 18.
Malcolm Watts.....President
909 Hyde St., San Francisco
Edgar Wayburn.....Secretary
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2633 Pacific Ave., Stockton
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891 Pismo St., San Luis Obispo
Fred R. Mugler, Jr.....Secretary
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1111 University Dr., San Mateo
John Findley.....Secretary
23 Baldwin Ave., San Mateo

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30 W. Arrelaga St., Santa Barbara
H. Vernon Freidell.....Secretary
300 W. Pueblo St., Santa Barbara

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Clyde L. Boice.....President
Medical Plaza, 1101 Welch Rd., Palo Alto
C. Gerald Scarborough.....Secretary
65 No. 14th St., San Jose

SANTA CRUZ County Medical Society. Meets every Second Month, Second Tuesday. Time, place to be announced.
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850 Main St., Watsonville
William Cress.....Secretary
330 Soquel Ave., Santa Cruz

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Robert E. Breeden.....President
P.O. Box 456, Weaverville
Vernon R. Gee.....Secretary
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SISKIYOU County Medical Society. Meets Sunday on call.
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750 S. Main St., Yreka
Andrew M. Larsen.....Secretary
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SOLANO County Medical Society. Meets Second Tuesday, 8:00 p.m., at different meeting places.
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607 Carolina St., Vallejo
William S. Hebert.....Secretary
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Owen Thomas.....President
521 Doyle Park Dr., Santa Rosa
Cedric C. Johnson.....Secretary
121 Sotomayo St., Santa Rosa

STANISLAUS County Medical Society, 303 Downey Ave., Modesto. Meets Third Tuesday of the month, 7 p.m., Hotel Covell, Modesto.
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918 - 15th St., Modesto
John S. Woolley.....Secretary
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George D. Lavers.....President
591 E. Merritt Ave., Tulare
C. M. McClure.....Secretary
P. O. Box 36, Lindsay

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3003 Loma Vista Rd., Ventura
F. K. Helbling.....Secretary
3081 Loma Vista Rd., Ventura

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207 D St., Davis
Harry Friesen.....Secretary
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YUBA-SUTTER-COLUSA County Medical Society, 370 Del Norte Ave., Yuba City. Meets Second Tuesday.
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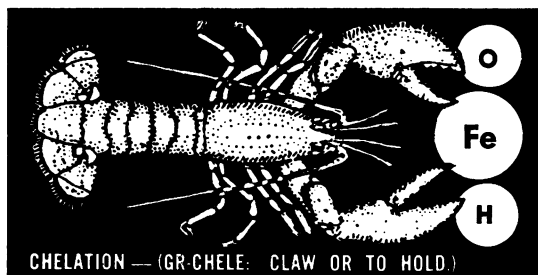
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Oxygen Rated Important Antidote In Cyanide Poisoning

Oxygen is "a specific antidote" in cyanide poisoning, Dr. Constantin Cope, Memphis, Tenn., said recently.

Dr. Cope presented evidence that "oxygen exerts a protective effect on cyanide toxicity" in an article appearing in the *Journal of the American Medical Association*.

The exact biochemical mechanism is not known, he said, but increased oxygen tension in the arterial blood stream in some way blocks the cyanide effect.

As long as the oxygen tension of the body is adequate, he said, the toxic effect of cyanide is usually reversible.

A person with a lung ailment producing a lower than normal arterial oxygen tension is more vulnerable to cyanide poisoning, he said. Similarly, he said, a person with coronary heart disease or cerebral artery disease may have borderline oxygen tension.

"Under these conditions, cyanide opposed by a low oxygen pressure probably can kill quickly—certainly before any therapy can be given," he said.

"It is, therefore, logical to recommend that only young healthy workers under 40 years of age be employed in those areas of industry in which accidental cyanide poisoning may be a hazard. Anyone aged over 40 with any sign of cardiorespiratory in-

sufficiency should be restricted from working in such places."

Oxygen, as well as suitable drugs, should be available for immediate use in cases of accidental poisoning, he said.

The most vital steps in the treatment of cyanide poisoning, Dr. Cope concluded, are artificial respiration, if necessary; inhalation of pure oxygen, and the maintenance of a normal blood pressure. Drug therapy shortens the course of intoxication, he said, and is life-saving when the poison is taken by mouth.

A.M.A. Reiterates Belief in Effectiveness of Salk Shots

The Council on Drugs of the American Medical Association recently reiterated its belief in the effectiveness of the Salk polio vaccine.

The Salk vaccine "is now well established as one of the most effective vaccines of any kind presently available," the council said in a statement in the (April 22) *Journal of the American Medical Association*.

The council urged the vaccination of every unvaccinated person with Salk shots, especially those under 40 years of age.

The statement included the following findings of a special committee on poliovirus vaccines of the

(Continued on Page 15)

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A.M.A. Reiterates Belief in Effectiveness of Salk Shots

(Continued from Page 12)

council, which recently reviewed past experience with the Salk vaccine in the United States and other countries:

—Salk vaccine repeatedly was found to be at least 80 per cent effective when three or more doses were given. With one exception, studies of polio outbreaks revealed that the disease occurred primarily in the unvaccinated. The only significant exception, an outbreak in Massachusetts, apparently could be correlated with an exceptionally widespread use of Salk vaccine in Massachusetts in 1956 at the time when the potency of the vaccine was lowest.

—The potency of the vaccine has been rising steadily for the past two years; therefore, the relatively unsatisfactory results which have sometimes appeared in the past need no longer be expected.

—Effectiveness similar to that reported in the United States has been observed in a number of other major countries in which it has been used, in which 75 to 95 per cent protection has been reported, according to the latest report of the World Health Organization.

"The live poliovirus vaccine is now under study, but the fact that this vaccine will not be available for use in 1961 emphasizes the need for utilization of the Salk vaccine," the statement concluded.

The A.M.A. last month joined forces with the U. S. Public Health Service and the National Foundation in a campaign to get the unvaccinated 40 per cent of the nation's population inoculated this spring.

MONDOR'S DISEASE: A REVIEW OF SEVEN CASES—C. Honig and R. Rado. *Ann. Surg.*—Vol. 153:589 (April) 1961

Seven cases of Mondor's Disease are reviewed, seen over 8-year period in surgical practice. Literature reviewed, only one series larger. Suggests disease is not rare but must be recognized. History, clinical course, pathology of disease are presented. Disease is superficial phlebitis of chest wall, occurs in two-thirds female, in one-third male, ages 21 to 55; onset is insidious and course is benign. Etiology: operative trauma, trauma, post partum. No treatment is necessary. Confusion with breast cancer makes diagnosis important. Reassurance of patient is most important.

* * *

SUCTION FOR POSTOPERATIVE WOUNDS—W. T. Sutton and E. F. Scanlon. *Arch. Surg.*—Vol. 82:569 (April) 1961

The accumulation of fluid in the upper arm when the conventional form of suction wound dressing was used for radical mastectomy wounds led the authors to place a T tube beneath the lateral skin flap, one limb of which paralleled the axillary vein. The possibility of damage to the vein on removal of the T tube with the suction intact was determined by a study of the effect of identical suction upon dissected cadaver axillary veins and upon iliac veins in live mongrel dogs. The results of the study indicated that the wound suction as used clinically by the authors is quite safe and with certain modifications can be used very effectively with those difficult wounds which have skin flaps and split-thickness grafts.



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Live Polio Vaccine Effective In First U. S. Community Use

The first use of the Sabin oral live poliovirus vaccine in a community-wide immunization program in this country recently was termed "highly effective."

A report on the project was made by Dr. Albert B. Sabin, Cincinnati, the vaccine developer, and five associates in the (May) *American Journal of Diseases of Children*, published by the American Medical Association.

A total of 181,784 persons in Cincinnati and adjacent Hamilton County were vaccinated during the program which began in late April 1960.

"With the exception of a single imported case in September, there were no cases of poliomyelitis either in the city or the surrounding county with a total population of about 940,000, thus achieving the objective of the vaccination program," the report said.

"The results obtained in Cincinnati in 1960, as well as those being reported from central and eastern European countries where community-wide programs of oral vaccination were carried out in 1960, indicate that in oral poliomyelitis vaccine we now have a simple tool with which the complete elimination of poliomyelitis can be attempted."

The vaccine was administered in a teaspoonful of syrup. Each person received three doses, one for

each of the three types of polioviruses.

"There were no untoward reactions to the vaccine," the authors said.

Most preschool children, some of the adults, and a small number of school-age children received all three doses by the end of June. Most of the school children received their final two doses in November 1960 and January 1961. The first dose contained attenuated Type I poliovirus. The Type I virus causes 85 to 90 per cent of paralytic polio.

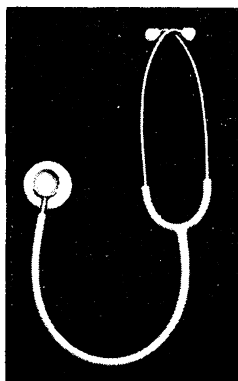
School children were vaccinated during a brief recess at school. Preschool children were vaccinated through the cooperation of 265 physicians whose offices were used as centers for the program.

The Cincinnati test provided additional evidence of the harmlessness of the spread of polioviruses after they are introduced en masse in the community, the report said.

"The initial extensive dissemination of polioviruses, and consequent immunization by contact of a large number of those that did not receive the oral vaccine, was self-limited, so that at the end of September neither Type I nor Type III poliovirus was detected among vaccinated or unvaccinated children, and Type II only rarely," it said.

"It is evident that dissemination of the polioviruses was halted at a time of year that was most conducive to the spread of enteric [intestinal] viruses."

(Continued on Page 22)



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Gallbladder Surgery.....	Three Days, June 19 and October 9
Surgery of Hernia.....	Three Days, June 22 and October 12
Basic Principles in General Surgery.....	Two Weeks, October 16
Surgical Board Review, Part I.....	Two Weeks, November 6
Surgical Board Review, Part II.....	Two Weeks, November 27
General Surgery.....	One Week, September 18
Hand Surgery.....	One Week, September 25
Gynecology, Office & Operative.....	Two Weeks, September 18
Vaginal Approach to Pelvic Surgery.....	One Week, June 26
Obstetrics, General & Surgical.....	Two Weeks, October 9
Basic Electrocardiography.....	One Week, October 2
Basic Internal Medicine.....	Two Weeks, October 16
Fractures & Traumatic Surgery.....	Two Weeks, October 23
Thoracic Surgery.....	One Week, October 16
Blood Vessel Surgery.....	One Week, November 13
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The vast majority of persons with heart disorders can be returned to happy, productive lives.

Writing in the *Journal of the American Medical Association*, Dr. Louis B. Newman, Chicago, said progress in education of the public and advances in medical research have made rehabilitation possible but anxiety still is a hindrance.

"Even though most persons with heart disorders are willing and able to work, many are unemployed—not on account of their heart disease, per se, but as a result of apprehension, anxiety, and fear brought about by ill-advised, unnecessary activity restriction, misunderstanding, and lack of orientation regarding their disease," he said.

"Whether at home or on the job, there must be a safe activity level for the patient.

"Special concessions or sympathy should have no place in the life of the cardiac patient. The proper occupational activity in most cases will not lead to progression of the heart disease or deterioration of the work capabilities of the person. On the contrary, many of these individuals show improvement while in an employed status."

Dr. Newman is chief of the physical medicine and rehabilitation service, Veterans Administration Research Hospital.

**Live Polio Vaccine Effective
In First U. S. Community Use**

(Continued from Page 16)

Since it was thought possible that the presence of other intestinal viruses might under certain conditions interfere with the desired immunity-reaction to the live polio vaccine, the researchers investigated the presence of other viruses in 1,000 children. They found a low incidence of other viruses and said it appeared under the conditions of the community-wide use of the oral vaccine even the small number of children infected with other viruses developed immunity to polioviruses.

The authors suggested a two-phase program for eliminating polio throughout the nation as soon as the live vaccine becomes available in sufficient quantity.

The first phase called for community-wide vaccination during the winter and spring of the largest possible number of persons, regardless of prior Salk shots, with special emphasis on preschool children, the most important spreaders of polioviruses. The second phase called for the continuing vaccination of all newborn children during the first year of life as part of their regular medical care.

The authors also commented that there would be no scientific need for the Salk killed-virus vaccine when enough live vaccine is available for everyone.

Co-authors of the report are Richard H. Michaels, M.D.; Ilya Spigland, M.D.; William Pelon, Ph.D.; John S. Rhim, M.D., and R. Eugene Wehr, M.D.

Electrical Factors Blamed In Study of Heart Attacks

Fatal heart attacks can occur in the absence of any new heart damage, a study indicated recently.

An autopsy analysis of 500 sudden deaths attributed to hardening of the coronary arteries revealed that 63 per cent of the victims had hearts with no acute anatomical damage, according to an article in the *Journal of the American Medical Association*.

The findings cannot be applied to the general population because the study group was weighed in favor of young persons and those not under regular medical observation.

Signs of recent heart attacks could explain 184

of the fatalities, or 37 per cent, but in the remaining 316 persons there was no evidence of recent heart damage, Drs. Lester Adelson and William Hoffman, Cleveland, reported.

Although chronic coronary disease was found among the latter group, they said, many of these persons had recovered from a heart attack in the past. Furthermore, no recent or remote heart attacks were found in 26 per cent of the 500, they said.

A plausible explanation for fatal heart attacks in such persons is the theory that an electrical imbalance can arise from the slow progressive narrowing of the coronary arteries which nourish the heart, they said.

Varying degrees of coronary narrowing produce different amounts of oxygen in different parts of the heart muscle, they said, and this can create an electrical disturbance of sufficient magnitude to cause a fatal convulsive heart beat.

Such electrical phenomena do not produce any recognizable damage to the heart muscle, they added.

The fatal attacks occurred in all environments. Fifty-five per cent of the victims were stricken at home.

Thirty-seven persons were operating motor vehicles at the onset of their attack, the authors pointed out.

(Continued on Page 26)

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Ultrasonic Waves Satisfactory In Treating Ear Ailment

Treatment of the chronic ear ailment known as Meniere's disease with ultrasonic waves has produced satisfactory results.

Ultrasound probably will replace currently used surgical methods in many persons because, unlike these procedures, ultrasound does not cause any hearing loss, Dr. Franz Altmann, New York City, said in the (April 22) *Journal of the American Medical Association*.

The disease, usually caused by a malfunction of the inner ear, is characterized by fluctuating hearing ability, noises in the ear, and vertigo, the sensation

that the world outside oneself is spinning around.

Results obtained in 60 patients treated with ultrasonic waves were "quite satisfactory," Dr. Altmann said.

Attacks of vertigo were eventually completely eliminated in about 80 per cent of the cases, he said. However, in some instances, he said, the treatment had to be repeated because of a recurrence.

In the majority of persons this disease can be controlled with drugs, Dr. Altmann said. Until recently, he said, when drugs failed the primary method of eliminating vertigo had been destruction of the inner ear by surgical techniques, with resultant loss of hearing.

By use of ultrasonic waves, he said, destruction of the inner ear can be achieved while the hearing remains unchanged and continues to fluctuate or might even get slightly better.

The noise in the ear often becomes less intense, he said, but, as in surgical destruction of the inner ear, it disappears in only a few cases.

Ultrasonic waves are sound waves of such high frequency they are inaudible to the human ear. In the treatment of Meniere's disease a special applicator is placed on the long lateral semicircular canal, which is exposed through an operation in the mastoid area behind the ear. This is done to prevent absorption of the sound waves by air or intervening matter.

Dr. Altmann is associated with the department of otolaryngology, Columbia University, College of Physicians and Surgeons.

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Electrical Factors Blamed In Study of Heart Attacks

(Continued from Page 24)

"Although several were able to stop uneventfully, many victims lost control of their vehicle, and it stopped only after it had run into a solid obstruction," they commented. "These incidents raise the issue of the physical, mental, and emotional stresses attendant on driving on today's highways and the problems of driver licensure."

The study also indicated that "obesity is not a significant factor in predisposing to sudden death from coronary disease," the authors said.

"However, it has been suggested that weight history may be more important than observed weight," they said. "Unfortunately we have no data about past weight changes of our coronary victims."

The findings indicated no apparent causal relationship between a heart attack and the type of activity preceding the fatal episode, they said.

In addition, they said, "the impression that coronary disease chooses its victims mainly from the executive or professional groups is not substantiated by our data."

The two physicians are associated with the Institute of Pathology, Western Reserve University School of Medicine.

Psychological Tests Could Aid In Licensing Drivers

Psychological testing could help prevent the licensing of potentially unsafe drivers, according to four Los Angeles researchers.

They based their conclusion on the performances of 331 amateur sports car drivers in a study designed to assess factors that might affect the fitness of any motorist. Their study revealed a significant correlation between certain psychological traits and driving performance during races over courses similar to actual roads.

The report was made by John L. Benton, M.D.; Lloyd Mills, Jr., M.D.; Ken Hartman, M.A., and James T. Crow, B.A., Los Angeles, in the (May 6) *Journal of the American Medical Association*.

A psychological test given the drivers produced "definite indications" that those who commit the most errors reject social customs, are deficient in ethical awareness, like to take personal risks, and are prone to abstract thought, the authors said.

The study indicates the "great value of psychological testing in detecting potentially unsafe drivers," they said. "There is little question but that psychological testing, if properly applied, could be of major benefit in licensing drivers."

In contrast to the psychological findings, the study showed that physical characteristics, visual abilities, and reaction times had no significant effects on

driving ability, race deportment, or involvement in accidents on the race course.

Experienced drivers were involved in accidents as frequently as inexperienced drivers although the experienced racers had superior ability and committed fewer errors. Race deportment, i.e., observing the rules, had more effect on the likelihood of an accident than either or experience, it was found.

Gallstones Not Related To Gallbladder Cancer

Cancer of the gallbladder is not related to the presence of gallstones, according to four researchers, writing in the (May 6) *Journal of the American Medical Association*.

They said the incidence of cancer in the presence of gallstones was only 1.2 per cent in a series of 1,396 patients whose gallbladders were removed. The incidence of cancer in the absence of gallstones was 2.2 per cent. The authors said "there is no significant statistical difference between the incidences with and without stones."

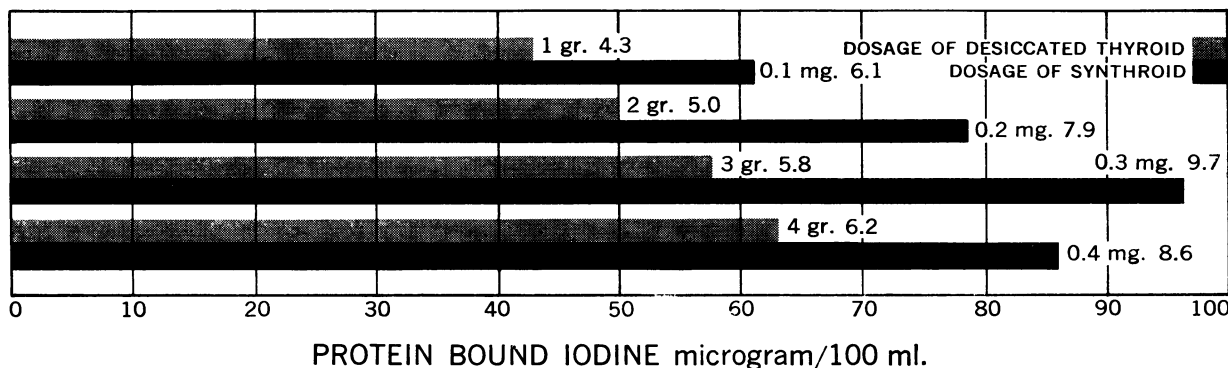
The incidence of cancer in the series was 1.4 per cent and the incidence of gallstones was 86.9 per cent.

Authors of the article are Herbert Derman, M.D.; David S. Gerbarg, M.D.; James H. Kelly, D.P.H.; Stephen Pauker and Jerome Singer, City of Kingston Laboratory, Kingston, N. Y.

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*Average pretreatment level, 2.38 mcg./100 ml. 195 determinations of serum P.B.I. level were made in these 28 patients. Four weeks were allowed for stabilization in a given dose.

†"Equivalent" dosage: 0.1 mg. of sodium l-thyroxine (SYNTHROID) is equivalent to 1 gr. desiccated thyroid. Reference: 1. Sturnick, M. I., and Lesses, M. F.: *New England J. Med.* 264:608 (Mar. 23) 1961.

Schizophrenics Identified By Blood Chemistry

Schizophrenia can be identified in a significant number of cases on the basis of a blood test, six Detroit researchers reported recently.

Schizophrenia is a severe mental disorder and the most common form of mental illness. It involves a loss of contact with reality and disintegration of the personality.

Writing in the current *Archives of General Psychiatry*, published by the American Medical Association, the researchers said they had made studies which "demonstrated that schizophrenic patients could be differentiated from nonschizophrenic subjects biochemically in a significant number of cases."

The study lends support to previous reports implicating a blood factor as significant in producing a disturbance of the body's metabolism, or chemistry, in schizophrenia, the authors said.

The significance of the findings in the development of schizophrenia is not known, they said. The chemical differences found in schizophrenics may be purely a phenomenon secondary to a complex disease process, they said, but on the other hand, may represent an important factor associated with the symptoms of the illness itself.

Further investigations are under way to delineate the importance of these chemical factors in the

schizophrenic process, they said. These include efforts to isolate the blood factor involved.

The same investigators confirmed results obtained with a group of schizophrenics at the Lafayette Clinic, Detroit, with a similar study of another group at the National Institute of Mental Health, Bethesda, Md.

Authors of the article are Charles E. Frohman, Ph.D.; Garfield Tournay, M.D.; Peter G. S. Beckett, M.D.; Helen Lees, Ph.D.; L. Kenneth Latham, and Jacques S. Gottlieb, M.D.

Hyperthyroidism Reported In Identical Twins

The rare occurrence of hyperthyroidism in identical twins was reported recently in the (April 29) *Journal of the American Medical Association*.

The twin brothers developed Grave's disease, in which overactivity of the thyroid gland produces a pop-eyed appearance, at the ages of 19 and 20 respectively, according to Dr. Jerold M. Lowenstein, San Francisco.

Only about a dozen or so similar occurrences have been reported previously, he said.

Although it has been recognized that there is often an hereditary predisposition to this disease, Dr. Lowenstein said, in this case there was no other family history of thyroid disease.

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M 57	1½	4	400	1.7	0.15	8	290	4.4	29
F 71	2-3	8	260	0.7	0.2	10	200	7.0	11
F 65	2-4	8	552	2.3	0.2	8	299	4.5	9
M 67	1-3	5	360	2.4	0.2	6	230	6.0	12
F 70	3-4	9	600	1.7	0.2	4	340	6.6	4
F 62	1-3	10	299	1.6	0.1	8	164	3.9	3
F 59	4	8	420	2.0	0.2	3	215	7.0	5

Precautions: As with other thyroid preparations, overdose may cause diarrhea or cramps, nervousness, tremors, tachycardia, insomnia, and continued weight loss. Medication, in such cases, should be stopped for 2-6 days, then resumed at a lower level.

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For Hypothyroidism, these results strongly indicate **SYNTHROID®**
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Reference: 2. Macgregor, A. G.: *Lancet* 1:329-332 (Feb. 11) 1961. *Brit. Pharmacopeia

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BOOKS RECEIVED

Books received by CALIFORNIA MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interests of readers as space permits.

ADVANCES IN BLOOD GROUPING—Alexander S. Wiener, M.D., F.A.C.P., Senior Bacteriologist (Serology) to the Office of the Chief Medical Examiner of New York City, Adjunct Associate Professor in the Department of Forensic Medicine of the N. Y. U. Postgraduate Medical School, and Attending Immunohematologist to the Jewish and Adelphi Hospitals of Brooklyn, N. Y. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, N. Y., 1961. 549 pages, \$11.00.

AN ATLAS OF BRONCHOSCOPY—A. Huzly, M.D., in charge of the Surgical Division at the Sanatorium Schillerhohe of the LVA Württemberg Stuttgart-Gerlingen. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, N. Y., 1961. 95 pages, \$12.50.

ARTHUR E. HERTZLER: THE KANSAS HORSE-AND-BUGGY DOCTOR—Edward H. Hashinger, Professor Emeritus of Medicine and Gerontology and Lecturer in the History of Medicine, University of Kansas School of Medicine. Ninth series of the Logan Clendening Lectures on the History and Philosophy of Medicine. University of Kansas Press, Lawrence, Kansas, 1961. 37 pages, \$2.00.

CARDIOPERICARDIOMYOPEXY — NEW SURGICAL TREATMENT FOR HEART DISEASES—Dr. Aaron N. Gorelik (New York), in collaboration with Prof. Camille Lian (Paris), Prof. Louis Thieblot (Clermont-Ferrand), Dr. Mendel Jacobi (New York), Dr. Ralph Ricciardi (New York), Dr. Madeleine Hascher (Paris). Revised English Edition of "La Cardiopericardiomyopexie." Expansion Scientifique Francaise, Paris, 1956. Published by the Myopexy Association, Inc., 250 West 57th Street, Suite 1302-3, New York 19, N. Y., 1960. 176 pages. No price quoted.

NEW BOOK

PEDIATRIC X-RAY DIAGNOSIS

By JOHN CAFFEY, M.D. 4th ed. 1236 pages. Illustrated. (1961) Year Book. \$32.

127 new subjects and hundreds of new illustrations have been added to this classic. Of special importance is the emphasis placed on what the author terms "the most pressing current problem in pediatric radiology—the reduction of hazards to the patient from exposure to ionizing radiation." Among the more important additions are 11 new variants in the skull, cranial changes in iron deficiency anemia and in cyanotic heart disease, dermoid of the nose, schematic drawings of the maturation of the normal cervical spine, kyphosis and accelerated maturation of the sternum associated with congenital heart disease. Special attention is given to roentgen findings in the normal skeleton at different age levels, including tables and drawings which demonstrate the progressive stages of bone growth and maturation from birth. The author is Director of Medical Education, Children's Hospital, Denver.

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CHINA DOCTOR—The Life Story of Harry Willis Miller—Raymond S. Moore. Harper & Brothers, Publishers, 49 East 33rd Street, New York 16, N. Y., 1961. 215 pages, \$3.95.

CLINICAL OBSTETRICS AND GYNECOLOGY—Volume 4, Number 1, March 1961, *Obstetric Anesthesia and Analgesia*, edited by Robert A. Hingson, M.D., and *Vaginal Surgery*, edited by Abraham F. Lash, M.D., Ph.D. A Quarterly Book Series, published by Paul B. Hoeber, Inc., Medical Division of Harper & Brothers, 49 East 33rd Street, New York 16, N. Y., 1961. \$18.00 a year for four consecutive numbers issued quarterly (by subscription only).

DRUG ADDICTION: CRIME OR DISEASE? Interim and Final Reports of the Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs. Introduction by Alfred R. Lindesmith. Indiana University Press, Bloomington, Indiana, 1961. 173 pages, \$2.95.

FROM GIRLHOOD TO WOMANHOOD—Albert Sharman, M.D., D.Sc., F.R.C.O.G. Foreword by Lady Isobel Barnett, M.B., Ch.B. The Williams & Wilkins Co., Baltimore 2, Maryland, exclusive U. S. agents, 1960. 72 pages, \$1.75.

HANDBOOK OF PEDIATRICS—4th Edition—Henry K. Silver, M.D., Professor of Pediatrics, University of Colorado School of Medicine, Denver, Colorado; C. Henry Kempe, M.D., Professor of Pediatrics and Head, Department of Pediatrics, University of Colorado School of Medicine, Denver, Colorado; and Henry B. Bruyn, M.D., Associate Professor of Pediatrics and Medicine, University of California School of Medicine, San Francisco, California. Lange Medical Publications, Los Altos, California, 1961. 574 pages, \$3.50.

HANDBOOK OF SURGERY—Edited by John L. Wilson, M.D., Chief of Surgery, Veterans Administration Hospital, San Francisco, California; Associate Clinical Professor of Surgery, University of California School of Medicine, San Francisco, California; and Joseph J. McDonald, M.D., Dean of the Faculty of Medical Sciences, American University of Beirut, Beirut, Lebanon; formerly Professor of Surgery, Columbia University, New York. Lange Medical Publications, Los Altos, California, 1960. 644 pages, \$4.00.

HEALING HEART, THE—John Carlova, with Ora Rugles. Julian Messner, Inc., 8 West 40th St., New York 18, 1961. 256 pages, \$3.95.

INTRA-ABDOMINAL CRISES — Kenneth D. Keele, M.D., F.R.C.P., Consultant Physician; and Norman M. Matheson, F.R.C.S., M.R.C.P., F.A.C.S., Consultant Surgeon, Ashford Hospital, Middlesex (Staines Group). Butterworth Inc., 7235 Wisconsin Avenue, Washington 14, D. C., 1961. 397 pages, \$10.00.

LOSE WEIGHT AND LIVE—Robert P. Goldman. Doubleday & Company, Inc., 575 Madison Ave., New York 22, N. Y., 1961. 235 pages, \$3.95.

MIRAGE OF HEALTH—Utopias, Progress, and Biological Change—René Dubos. Anchor Books, Doubleday & Company, Inc., 575 Madison Avenue, New York 22, New York, 1961. Paper Back Book, 235 pages, 95 cents.

NEURORADIOLOGY WORKSHOP—Volume 1: Scalp, Skull and Meninges. Leo M. Davidoff, M.D., Active Consultant Neurosurgeon, Montefiore Hospital; Professor and Chairman, Department of Neurosurgery, Albert Einstein College of Medicine, Yeshiva University, New York; Harold G. Jacobson, M.D., Chief, Division of Diagnostic Radiology, Montefiore Hospital; Professor of Clinical Radiology, New York University School of Medicine, New York; and Harry M. Zimmerman, M.D., Chief, Division of Laboratories, Montefiore Hospital; Professor of Pathology, College of Physicians and Surgeons, Columbia University, New York. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, N. Y., 1961. 256 pages, \$16.50.

TEXTBOOK OF PATHOLOGY, A—An Introduction to Medicine—7th Edition, Thoroughly Revised. William Boyd, M.D., Dipl. Psychiat., M.R.C.P. (Edin.), Hon. F.R.C.P. (Edin.), F.R.C.P. (Lond.), F.R.C.S. (Can.), F.R.S. (Can.), LL.D. (Sask.), (Queen's), D.Sc. (Man.), M.D. (Oslo). Professor Emeritus of Pathology, The University of Toronto; Visiting Professor of Pathology, The University of Alabama; formerly Professor of Pathology, The University of Manitoba and the University of British Columbia. Lea & Febiger, 600 South Washington Square, Philadelphia 6, Pa., 1961. 1370 pages, 792 illustrations and 20 plates in color, \$18.00.

California

M E D I C I N E

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Number 6

Chronic Renal Failure

Its Effect on Calcium, Phosphorus and Osseous Metabolism; A Unified Approach

CHARLES R. KLEEMAN, M.D., and
DONALD BERNSTEIN, M.D., Los Angeles

CHRONIC RENAL DISEASE, accompanied by progressive destruction of nephron mass and azotemia, frequently causes hypocalcemia, hyperphosphatemia and osseous disorders. The latter, referred to as renal osteodystrophy, consist of retardation of growth and dwarfism, osteitis fibrosa, rickets or osteomalacia, or rarely osteosclerosis. Stanbury and coworkers recently classified these disorders and described their symptomatology in excellent reviews.^{9,10} Physicians who care for large numbers of children or adults with chronic renal failure are impressed by the lack of correlation between the levels of calcium and inorganic phosphorus in the serum and between these biochemical changes and the osseous pathologic changes. Similarly, therapy directed toward a correction of these abnormalities—alkali administration, high calcium diets and phosphate-binding in the gastrointestinal tract with aluminum hydroxide gels—has frequently been unsuccessful.

It is hoped that the following scheme will contribute to a better understanding of the deranged

From the Department of Medicine, Mount Sinai Hospital, Los Angeles 48, and Department of Medicine, University of California Medical Center, Los Angeles 24.

Supported by a Public Health Service Grant (A-1620), National Institutes of Health, Public Health Service.

Chief of Medicine, Mount Sinai Hospital and Associate Professor of Medicine, UCLA Medical Center, Los Angeles (Kleeman); Special Fellow, National Institute of Arthritis and Metabolic Diseases, United States Public Health Service (Bernstein).

Submitted March 20, 1961.

• The renal osteodystrophies represent the metabolic consequences of (1) vitamin D resistance, (2) secondary hyperplasia of the parathyroids, and (3) the changes in serum PO_4^- and Ca^{++} secondary to the renal insufficiency per se.

The osseous lesion in any given patient with chronic renal failure may be osteitis fibrosa, rickets (osteomalacia), calcium deficiency osteoporosis or any combination of these. The concentration of Ca^{++} and PO_4^- in the serum is determined by the degree of renal failure and the skeletal response to parathyroid hormone.

calcium, phosphorus and osseous metabolism in chronic renal failure and to its therapy. The scheme is based on the following observations.*

1. The parathyroid glands are stimulated by a reduction in the level of free calcium ion (Ca^{++}) in the body fluids (and questionably a rise in serum phosphorus per se).

2. Parathyroid hormone regulates the level of Ca^{++} in the body fluids by (a) enhancing the liberation of skeletal calcium, (b) increasing the renal clearance of phosphorus, and (c) decreasing the renal clearance of Ca^{++} .^{1,7,12}

3. For any given level of parathyroid activity, a rise in the concentration of inorganic phosphorus

*References have been included for those observations derived from recent investigations. It is reasonable to consider these as still tentative.

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For information on preparation of manuscript, see advertising page 2

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EDITORIAL

An Important Milestone

WITH THE COMPLETION of its 1961 Annual Session the California Medical Association ticked off 105 years of existence. Simultaneously, it concluded one of the busiest and most important years in its modern history.

During the year the Governor's Committee on the Study of Medical Aid and Health staged a series of meetings, appointed task forces for inquiries into various facets of the total picture of medical care, argued, compromised and came out with a large though hastily-produced report. While it is still too early to forecast the ultimate results of the recommendations of the committee, it is certain that some of the recommendations in the final report will be controversial and will draw fire from the medical profession and from other segments of the overall health care team.

Also during this year the ad hoc committee appointed by the C.M.A. Council to study postgraduate education, scientific activities and the entire picture of continuing medical education deliberated at length. Here again, a large and important report has been produced (not in haste) and a number of recommendations made. These have recently been placed before the Council and will be subject to action in the coming months. The primary purpose of this committee has been to determine the position that continuing medical education and scientific activities should occupy in a large, progressive state medical association.

Basically, the studies of the ad hoc committee revolve around the changes made in all county and state medical organizations from the exclusively scientific societies of some years ago to the more economics-oriented groups of today (business leagues, as the Internal Revenue Service calls them). How far shall scientific activities be held back in favor of the political and economic pressures which demand

that medical organizations enter these fields of activity? Involved is the division of funds in the budget available for one or another activity, and this leads back directly to the membership and its collective willingness to pay dues in support of various activities.

Important as these questions are, they were overshadowed this year by the proposal for unification of the medical and osteopathic professions in California. This subject brought forth more debate and more emotionalism than any other topic on the 1961 meeting agenda.

In the long run, the unification proposal was approved by the House of Delegates by a vote of 296 to 63, a vote culminating a long period of debate, parliamentary maneuvers and proposals for a number of amendments to the agreement between the C.M.A. and the California Osteopathic Association.

More recently the House of Delegates of the California Osteopathic Association approved the agreement by a vote of 100 to 10. Such a vote definitely shows the overwhelming desire of osteopathic physicians and surgeons to close the final gap between the two professions.

Over the past few decades the osteopathic schools of the country have come to look more and more like the medical schools. All forms of therapy are taught, surgery has become a specialty and a number of other specialties familiar in medical practice have been recognized. The manipulative procedures which originally constituted the entire theory of osteopathy have remained as a part of the entire training program but have been placed in a category which fits such procedures into the broader scope of practice by medical and surgical procedures. At the same time, the medical profession at large has adopted some of the manipulative procedures as a part of today's physical medicine. For example, the College of Osteopathic Physicians & Surgeons in Los Angeles no longer has a course labeled *Osteopathy*;

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Omer W. Wheeler, M.D., C.M.A. President-Elect

*There is a tide in the affairs of men,
Which, taken at the flood, leads on to fortune.*

IN THIS YEAR of 1961 the tide for the medical profession runs full flood. The advancing science and art of medicine have extended the years of life's span. This very extension of life has increased the need for medical care by geometric proportions. Extensive writings in newspapers and magazines have informed the public of the blessings made possible by modern medicine. An ever-rising American standard of living has created an increasing demand for medical care. Problems have arisen as to how best to provide the benefits of the advances in medicine to all those who have need for them,



OMER W. WHEELER, M.D.

without resorting to systems that would diminish the quality of care and the impetus to improve.

Some politicians have seen a chance to exploit the situation. Statesmen and responsible public leaders, however, have said again and again that the medical profession itself is the only organization which can give proper direction and a solution of these problems. Our need at this time is for leadership which can put aside special interest or group affiliation for the good of the art and science of medicine and of an honored profession as a whole.

By his own experience and background, Dr. Omer W. "Bill" Wheeler is uniquely prepared for such leadership.

Born at St. Charles, Iowa, January 2, 1908, Bill Wheeler came from a pioneer Iowa family. When he was 16 his family moved to Riverside, California, where he attended the public schools. He then went first to Riverside Junior College and later enrolled at the University of Southern California, transferring to Temple University to complete his medical education. He received his M.D. from Temple on June 15, 1932, and entered internship at Temple University Hospital, where he later became chief resident and assistant to the clinical professor of surgery.

Late in 1935 Bill returned to Riverside and opened a general practice in the midst of the great depres-

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(Or.)—Original Article; (Ed.)—Editorial; (CMA)—California Medical Association; (CR)—Case Report; (I)—Information; (LE)—Letters to the Editor; (PE)—Page End; (MJ)—Medical Jurisprudence.			
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New, Killed Poliovirus Vaccine 98 Per Cent Effective

A new, purified and concentrated killed poliovirus vaccine has proved 98 per cent effective in a group of 53 children, mostly infants, it was reported recently in the (May 6) *Journal of the American Medical Association*.

The study indicates that the new vaccine (Purivax) can provide satisfactory immunity against all three poliovirus types in over 90 per cent of persons with two injections given one month apart, the report said.

The Salk vaccine given to a control group of 41 children of comparable age produced immunity in 76 per cent.

The study was reported by Drs. Carl Weihl, Cincinnati; David Cornfeld, Philadelphia; Harris D. Riley, Oklahoma City; Nancy Huang, Philadelphia, and Henry Cramblett, Winston-Salem, N. C.

The new vaccine appears to fill the important public health need for an agent which will consistently, rapidly, and safely immunize nearly all recipients against all three poliovirus types, the authors said.

Although the presently available Salk polio vaccine has a high level of effectiveness, they said, the problem of controlling polio is "unfinished business." There still remains much room, not only for improving the utilization of the vaccine, but also for improving the efficacy of the vaccine itself, moving toward an ideal of 100 per cent efficacy, they said.

The new vaccine was developed by Merck Sharp & Dohme, West Point, Pa.

Radioactive Iodine Beneficial For Thyroid-Heart Patients

Radioactive iodine has produced "striking improvement" in persons with hyperthyroidism and some forms of heart disease, it was reported recently.

A study of 356 thyrocardiac patients was reported in the (April 29) *Journal of the American Medical Association*.

Hyperthyroidism is the condition resulting from an overactive thyroid gland which produces an excess of thyroid hormone.

The best result was obtained in hyperthyroid patients suffering a convulsive heart beat (atrial fibrillation), the article said. Of 81 such patents, all but one showed improvement of the heart ailment when the thyroid condition was controlled—a rate of 99 per cent.

Improvement was shown in 85 per cent of the hyperthyroid patients with congestive heart failure, 93 per cent of those with angina pectoris, and 96 per cent of those suffering both angina and heart

(Continued on Page 70)

Radiation Can Replace Surgery For Some Ulcer Patients

The substitution of radiation therapy for surgery in patients with complicated duodenal ulcer has produced encouraging results, it was reported recently.

Drs. Harold C. Klein and Norman E. Berman, Cleveland, said 39 of 50 patients treated with radiation were "cured" of their ulcer disease. Of the remaining patients, they said, five were able to avoid surgery while six were not benefited and underwent operations.

A duodenal ulcer is one located in that part of the small intestine nearest the stomach, called the duodenum, a frequent site of ulcers. When a duodenal ulcer becomes complicated by hemorrhage, perforation, or other factors, surgery generally is indicated.

Following radiation treatment, no diet restrictions were imposed or medication given, the two physicians said in reporting their findings in the *Journal of the American Medical Association*.

Patients were given 10 to 14 treatments. Their condition was checked for periods up to eight years following the therapy.

"Complications arising from the radiation were minor and infrequent," they said.

Radiation offers the possibility of a better and safer method of treating the complicated ulcer de-

spite the many refinements that have been made in surgical management, they concluded.

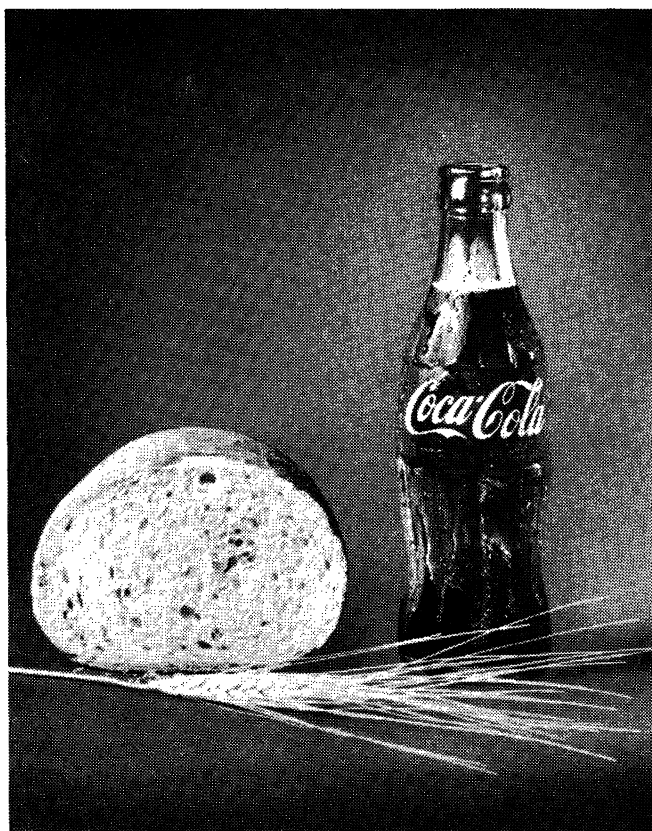
The authors are associated with the departments of medicine and radiology, Mount Sinai Hospital.

THE CARE OF FRACTURES IN THE PATIENT WITH MULTIPLE INJURIES—E. L. Compere. *J. Int. Coll. Surg.*—Vol. 35:216 (Feb.) 1961

The author discusses the immediate and the delayed treatment of fractures, pointing out that definitive reduction of fractures in patients who have other major injuries and who may have been in shock should be delayed until the general condition of the patient is satisfactory. First aid and emergency measures are outlined. Patients who have only minor injuries aside from a fracture or fractures may have suffered shock, which makes definitive treatment at that time unwise. Fracture of a major bone, such as the hip of an elderly patient, will be attended by varying degrees of shock. It is advisable, in most instances, to delay the reduction and internal fixation of such fractures until after the patient's condition has been appraised from a medical standpoint. Any operation can be performed with greater safety when it has been placed on the regular hospital operating schedule.

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Breathing Trick May Be Factor in Drownings

A breathing trick used by underwater swimmers recently was termed a possible cause of drownings and near drownings.

The swimmer's practice of deep breathing before his breath holding and exercise under water may delay the sensation of the urge to breathe, according to Dr. Albert B. Craig Jr., Rochester, N. Y.

Writing in the (April 29) *Journal of the American Medical Association*, he said, "Prolonged or severe hyperventilation certainly compromises the built-in safety factors which tell the swimmer to surface."

Dr. Craig described eight cases of near drownings and five drownings caused by apparent loss of consciousness under water which could have been precipitated by the deep breathing trick. He said this type of hyperventilation "should be discouraged as a preliminary to swimming under water."

Most underwater swimmers have learned that taking a series of deep breaths will increase their breath-holding time, Dr. Craig said.

This is because deep breathing decreases the carbon dioxide pressure in the blood. It is an increase in this pressure which creates the irresistible urge to breathe again, he explained.

During the first few seconds of exercise, more oxygen is used up by the body, he said, and oxygen

may decrease to a degree that will affect the function of the brain before the carbon dioxide pressure becomes unbearable.

Furthermore, he said, exercise appears to increase a person's tolerance to increasing carbon dioxide pressure. This increases the likelihood of an oxygen deficiency developing, he said, and one characteristic of this state is that loss of consciousness occurs with little specific warning.

"This chain of events is presented as an example of one way in which people may drown," Dr. Craig said.

The author noted that in all the cases reported, the victims were considered good swimmers and experienced at underwater swimming. The eight survivors all had hyperventilated before submerging, he said. Seven of them had a goal in mind or were competing with others, he said.

While the swimmer usually noted the urge to breathe, he had little or no warning that he was going to pass out, Dr. Craig said. In some cases, he added, the swimmer continued to make coordinated movements after losing consciousness.

"From the point of view of those who are either directly or indirectly responsible for safety in a swimming program, it is worth remembering that not only competition with others but competition of the swimmer with himself seems to be an important contributing factor in this series of incidents," Dr. Craig said.

However, under the proper conditions the risks involved in underwater swimming probably are very small, he added, and the ability to swim under water may be as useful as swimming on the surface in certain types of boat and car accidents.



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Radioactive Iodine Beneficial For Thyroid-Heart Patients

(Continued from Page 56)

failure, the article said. The latter were considered improved if either disorder was benefited.

The patients' treatment consisted of only radioactive iodine, the article said. Although the average dose for the thyrocardiac patients was greater than for hyperthyroid patients, it said, a significant number of thyrocardiac patients were controlled with relatively small doses. Each was treated until the hyperthyroid state was completely controlled.

The beneficial effects of the control of the hyperthyroid state on the symptoms of thyrocardiac disease can be attained by the control of the thyroid disease with surgery, antithyroid drugs, or radioactive iodine, the article said. However, one major advantage of radioactive iodine therapy is the low recurrence rate, which was less than one per cent in this series, it said.

The findings were reported by Drs. Clement Delit, Solomon Silver, Stephen B. Yohalem, and Robert L. Segal, Mount Sinai Hospital, New York City.

Anticoagulant Therapy Assessed In Heart Patients

Evidence supporting uninterrupted use of anticoagulants in treating heart patients was reported in the (April 22) *Journal of the American Medical Association*.

The rate of recurrent blood clots in patients with heart disease was significantly lower during continuous anticoagulant therapy than it was after discontinuance of therapy, according to a study by Drs. A. B. Thomes, R. W. Scallen, and I. R. Savage, Minneapolis.

An estimated 803 of every 1,000 patients on continuous anticoagulant therapy would escape a recurrent blood clot during the first five years of treatment, the authors said.

When therapy is discontinued, they said, the rate would drop to an estimated 365 per 1,000 patients during the five-year period following discontinuance.

These findings "strongly favor permanent therapy," they said.

The study also indicated a favorable survival rate among patients on continuous anticoagulant therapy, the authors reported.

At the end of five years of continuous treatment, an estimated 736 per 1,000 patients would be alive, they said, but five years after the discontinuance of therapy the survival estimate would drop to 672 per 1,000.

Excluding patients with diabetes and heart failure, they said, the five-year survival rate of those continuously treated was estimated at 912 per 1,000 patients.

Live Polio Vaccine Results Reported from Russia

Community-wide immunization programs with the Sabin live poliovirus vaccine in the Soviet Union last year prevented the traditional summer increase in the disease, a preliminary report said recently.

The same report also gave proof of "high immunologic effectiveness" of three injections of the killed poliovirus Salk vaccine.

However, it pointed out that Salk immunization programs did not prevent a seasonal increase in the disease "as it was practically impossible to vaccinate 100 per cent of susceptibles with Salk vaccine for a number of reasons."

The Russian findings are contained in an article by Dr. Albert B. Sabin, Cincinnati, developer of the vaccine bearing his name, in the (April 22) *Journal of the American Medical Association*.

In a brief report sent to Dr. Sabin, Professor M. P. Chumakov, director of the Moscow Institute for Poliomyelitis Research, said Sabin vaccine was administered in 1960, mostly in candy form,

(Continued on Page 78)

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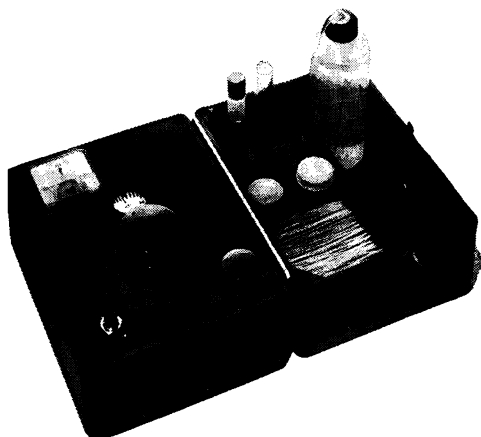
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Live Polio Vaccine Results Reported from Russia

(Continued from Page 74)

throughout the whole of Russia except in three regions where only Salk vaccine was used.

Some 77,475,000 persons were vaccinated with the Sabin vaccine, of whom about 72,231,000 were under 21 years of age. The mass inoculation of the population from 2 months to 20 years of age with the live vaccine usually was accomplished in one to seven days and most of the population was inoculated before July 1.

The orally-administered vaccine was "very well accepted," Chumakov said, and no complications or adverse reactions were noted.

Plans for 1961 call for the mass revaccination of the Russian population ranging in age from two months to 20 years with the Sabin vaccine, the Soviet researcher said.

Dr. Sabin said that carefully studies conducted in Cincinnati, Czechoslovakia, and Hungary showed that "the community-wide use of oral poliomyelitis vaccine resulted in the complete elimination of confirmed cases of poliomyelitis."

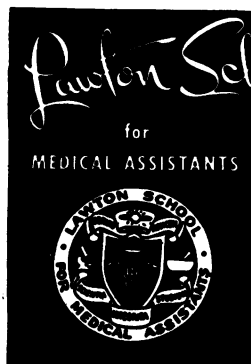
Results obtained in Cincinnati in 1960, he said, show that under the conditions prevailing in the United States there is no need for revaccination such as is planned in Russia this year.

Dr. Sabin said Chumakov indicated that his recommendation for revaccination in Russia was based on the desire to do even more than may be necessary to achieve complete eradication of polio.

METASTATIC CARCINOMA INVOLVING THE PARATHYROID GLANDS—A. Drickman. Arch. Surg.—Vol. 82:576 (April) 1961

Two cases of rectal carcinoma, metastatic to parathyroid, were presented. Only nine previous cases of carcinoma metastatic to parathyroid glands have been reported. The sites of the primary tumor in these cases were lung, breast, esophagus, and thyroid. Two of the 11 patients had clinical evidence of parathyroid dysfunction. Some authors have stated that metastatic carcinoma not infrequently involves parathyroid tissue, but only when more attention is given to the examination of parathyroid glands will the frequency and clinical importance of metastases to parathyroid tissue be determined.

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